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SECURITY INFORMATION

INFORMATION REPORT

REPORT

CD NO.

COUNTRY Bulgaria

DATE DISTR. 3 May 1952

SUBJECT Reserve Questionnaire

NO. OF PAGES 2

DATE OF INFO.

NO. OF ENCLS.
(LISTED BELOW)PLACE
ACQUIRED

SUPPLEMENT TO
REPORT NO.

50X1-HUM

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THIS IS UNEVALUATED INFORMATION

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1. The following questionnaire, attached as Appendix A, was distributed in Sofia to members of the reserve. [redacted] the questionnaire was distributed to both reserve officers and regular reserve troops between the ages of 25 and 45. The distribution of this form is probably an indication of a trial conscription which would allegedly start 15 February 1952 [redacted]

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2. The following is a list of abbreviations used in the questionnaire:
- a. VOS: Voenno Otchevna Spetsialnost; Appropriate Military Specialty;
 - b. BCP: Bulgarska Komunisticheska Partiya; Bulgarian Communist Party;
 - c. BNAS: Bulgarska Natsionalna Agrarna S'yuaz; Bulgarian National Agrarian Union;
 - d. DSRY: Dimitrovska S'yuaz na Narodnata Mladezh; Dimitrov Union of People's Youth;
 - e. ESOPO: Edinna Oshchestveno Politicheska Organizatsiya; United Social-Political Organization; and
 - f. OF: Otechestven Front; Motherland Front.

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APPENDIX:

Read and complete accurately.

QUESTIONNAIRE

- 1).....
(occupational specialty, rank) (last name) (first name) (middle name)
- 2) Place of birth-city, village.....district.....date.....
- 3) Address: St.....number.....
entrance number.....floor.....regional council.....
- 4) Work address: business.....street.....number.....
regional council.....
- 5) Military identification booklet No.....branch of service.....
appropriate military specialty.(VOS). No.....
- 6) General instruction.....specialty.....
(designate specifically)
- 7) Which of the following organizations did you belong to.....
(BCP, BZNS, DSNM, EOPO, OF)
- 8) Chief occupation.....supplementary.....
- 9) Last stamped by.....
- 10) Last enrolled at.....
(city, village, regional council)
- 11) Have there been any changes in the state of your health since your last exam-
ination.....
(specify exact nature of illness).

The questionnaire is to be completed within three days of its receipt.
You will be held responsible for any inaccurate information in accordance with
the law governing obligatory military service.

- Note: 1- For any difficulties encountered in filling out the questionnaire,
refer to the Military Office in the regional council to which you
belong.
- 2- No. 8 is to be interpreted as follows: chief occupation-that at which
you are employed at present- supplementary- occupation which you had
previously, for example: you were a chauffeur and are now a clerk.
The question should be answered in this way: Chief occupation- clerk,
and supplementary- chauffeur.
- 3- Answers to questions 9 and 10 should be taken, for non-commissioned
officers and soldiers, from page 7 of the military identification book-
let, and for officers from page 11.

Rubber stamp on the back of the
questionnaire $3\frac{1}{2}$ x 6 cm.

- 12) In which branch of the service did you
serve, duties performed, and length of time
served.....
- 1.
(branch of service) (duty)
- 2.
- 3.

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